

FCC Form 479

Approval by OMB 3060-0853
Estimated time per response: 1 hour**DO NOT SEND THIS FORM TO THE UNIVERSAL SERVICE ADMINISTRATIVE COMPANY
OR TO THE FEDERAL COMMUNICATIONS COMMISSION****Schools and Libraries Universal Service
Certification by Administrative Authority to Billed Entity of
Compliance with the Children's Internet Protection Act**Please read instructions before completing.
(To be completed by the Administrative Authority and provided to your Billed Entity)
This form is required only for funding years beginning July 1, 2001 and later.Administrative Authority's Form Identifier: CIPADD4 2010-2011
Create your own code to identify THIS Form 479.**Block 1: Administrative Authority Information****1. Name of Administrative Authority**

Dorchester School District Four

2. Funding Year
2010-2011**3. Mailing Address and Contact Information for Administrative Authority**

Street Address, P. O. Box or Route Number

500 Ridge Street

City

St. George

State

South Carolina

Zip Code

29477

Name of Contact Person

Elixzina B. Goodwin

10-Digit Telephone Number

(843) 563-5906

Fax Number

(843) 563-5936

Email Address

egoodwin@mail.dd4.k12.sc.us

**Persons willfully making false statements on this form can be punished by fine or forfeiture, under the
Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States
Code, 18 U.S.C. Sec. 1001.****Block 2: Certifications and Signature**

4. I am the Administrative Authority for one or more schools or libraries for which Universal Service Support Mechanism discounts have been requested or approved for eligible services. The Administrative Authority must make the required certification(s) for the purposes of the Children's Internet Protection Act (CIPA) in order to receive discounted services.
5. I recognize that I may be audited pursuant to this form and will retain for five years any and all records that I rely upon to complete this form.

Name of Administrative Authority Dorchester School District FourAdministrative Authority's Form Identifier CIPADD4 2010-2011Contact Person Elixzina B. GoodwinTelephone Number (843) 563-5906**Block 2: Certifications and Signature (Continued)**

6. I certify that as of the date of the start of discounted services:

a ☒ the recipient(s) of service under my administrative authority and represented in the Funding Request Number(s) for which you have requested or received Funding Commitments has (have) complied with the requirements of the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l).b ☐ pursuant to the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), the recipient(s) of service under my administrative authority and represented in the Funding Request Number(s) for which you have requested or received Funding Commitments:

(FOR SCHOOLS and FOR LIBRARIES IN THE FIRST FUNDING YEAR FOR PURPOSES OF CIPA) is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.

(FOR FUNDING YEAR 2003 ONLY: FOR LIBRARIES IN THE SECOND OR THIRD FUNDING YEAR FOR PURPOSES OF CIPA) is (are) in compliance with the requirements of CIPA under at 47 U.S.C. § 254(l) and undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA under 47 U.S.C. § 254(h) for the next funding year.

c ☐ the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), does not apply because the recipient(s) of service under my administrative authority and represented in the Funding Request Number(s) for which you have requested or received Funding Commitments is (are) receiving discount services only for telecommunications services.

CIPA Waiver. Check the box below if you are requesting a waiver of CIPA requirements for the Second Funding Year after April 20, 2001 in which the recipients of service under your administrative authority have applied for discounts:

d ☐ I am providing notification that, as of the date of the start of discounted services, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the recipient(s) of service under my administrative authority and represented in the Funding Request Number(s) for which you have requested or received Funding Commitments will be brought into compliance with the CIPA requirements before the start of the Third Funding Year after April 20, 2001 in which they apply for discounts.

CIPA WAIVER FOR LIBRARIES FOR FUNDING YEAR 2004. Check the box below if you are requesting a waiver of CIPA requirements for Funding Year 2004 for the library(ies) under your administrative authority that have applied for discounts for Funding Year 2004:

e ☐ I am providing notification that, as of the date of the start of discounted services in Funding Year 2004, I am unable to make the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and (l), because my state or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise required. I certify that the library(ies) under my administrative authority and represented in the Funding Request Number(s) for which you have requested or received Funding Commitments will be brought into compliance with the CIPA requirements before the start of Funding Year 2005.**The certification language above is not intended to fully set forth or explain all the requirements of the statute.**

7. Signature of authorized person

8. Date March 24, 2010

9. Printed name of authorized person

Elixzina B. Goodwin

10. Title or position of authorized person

Director of Technology

11. Telephone number of authorized person

(843) 563-5906